

**AMBULANCE REVENUE and COST REPORT**  
**FIRE DISTRICT and SMALL RURAL COMPANY**

**Arizona Department of Health Services**  
**Annual Ambulance Financial Report**

Pinetop Fire District  
Reporting Ambulance Service

Address: 1845 S Pine Lake rd  
City: Pinetop Zip: 85935

**Report Fiscal Year**

From: July 1, 2012 To: June 30, 2013  
Mo. Day Year Mo. Day Year

*I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.*

*I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.*

*This report has been prepared using the accrual basis of accounting.*

Authorized Signature: Charlotte Williams Date: January 14, 2012

Print Name and Title: Charlotte Williams, Administrative Manager

Phone: 928-367-2199

Mail to:

Department of Health Services  
Bureau of Emergency Medical Services  
Certificate of Necessity and Rates Section  
150 North 18th Avenue, Suite 540  
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# AMBULANCE REVENUE AND COST REPORT

## FIRE DISTRICT and SMALL RURAL COMPANY

**AMBULANCE SERVICE ENTITY:**

Pinetop Fire District

**FOR THE PERIOD**

**FROM:** July 1, 2012

**TO:** June 30, 2013

### STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	*(2) TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:			441	441
2	Number of BLS Billable Transports:			112	112
3	Number of Loaded Billable Miles:			4,913	4,913
4	Waiting Time (Hr. & Min.):			-	-
5	Canceled (Non-Billable) Runs:				105

### **AMBULANCE SERVICE ROUTINE OPERATING REVENUE**

6	ALS Base Rate Revenue				\$ 481,044
7	BLS Base Rate Revenue				109,060
8	Mileage Charge Revenue				63,908
9	Waiting Charge Revenue				-
10	Medical Supplies Charge Revenue				-
11	Nurses Charge Revenue				-
12	Standby Charge Revenue (Attach Schedule)				-
13	TOTAL AMBULANCE SERVICE ROUTINE OPERATING REVENUE			(Post to Page 3, Line 1)	\$ 654,012

### **SALARY AND WAGE EXPENSE DETAIL**

#### **GROSS WAGES:**

			** No. of FTE's
14	Management	\$ 183,968	4.0
15	Paramedics and IEMTs	\$ 402,917	11.0
16	Emergency Medical Technician (EMT)	\$ 412,307	13.0
17	Other Personnel	\$ 19,937	1.0
18	Payroll Taxes and Fringe Benefits - All Personnel	\$ 400,685	
19	Total Wages, Taxes & Benefits (Sum Lines 14 through 18; Post to Page 3, Line 10)	\$ 1,419,814	

\* This column reports only those runs where a contracted discount rate was applied.

\*\* Full-time equivalents (F.T.E.) is the sum of all hours for which employees wages were paid during the year divided by 2080.

# AMBULANCE REVENUE AND COST REPORT

## FIRE DISTRICT and SMALL RURAL COMPANY

**AMBULANCE SERVICE ENTITY:**

Pinetop Fire District

**FOR THE PERIOD**

**FROM:**

July 1, 2012

**TO:**

June 30, 2012

**SCHEDULE OF REVENUES AND EXPENSES**

Line No.	DESCRIPTION		
<b>Operating Revenues:</b>			
1	Total Ambulance Service Operating Revenue	(From: Page 2, Line 13)	\$ 654,012
<b>Settlement Amounts:</b>			
2	AHCCCS		65,956
3	Medicare		143,209
4	Subscription Service		
5	Contractual		
6	Other		57,979
7	Total	(Sum of Lines 2 through 6)	267,144
8	Total Operating Revenue	(Line 1 minus Line 7)	\$ 386,868
<b>Operating Expenses:</b>			
9	Bad Debt		\$
10	Total Salaries, Wages, and Employee-Related Expenses	(From: Page 2, Line 19)	1,419,814
11	Professional Services		66,625
12	Travel and Entertainment		
13	Other General Administrative		21,461
14	Depreciation		328,770
15	Rent / Leasing		
16	Building / Station		52,146
17	Vehicle Expense		41,998
18	Other Operating Expense		56,716
19	Cost of Medical Supplies Charged to Patients		27,341
20	Interest		185,374
21	Subscription Service Sales Expense		
22	Total Operating Expense	(Sum of Lines 9 through 21)	2,200,245
23	Total Operating Income or (Loss)	(Line 8 minus Line 22)	\$ (1,813,378)
24	Subscription Contract Sales		
25	Other Operating Revenue		1,813,378
26	Local Supportive Funding		
27	Other Non-Operating Income (Attach Schedule)		
28	Other Non-Operating Expense (Attach Schedule)		
29	NET INCOME or (LOSS) Before Income Taxes	(Sum of Lines 23 through 27, minus Line 28)	\$
<b>Provision for Income Taxes:</b>			
30	Federal Income Tax		
31	State Income Tax		
32	Total Income Tax	(Line 30, plus Line 31)	
33	Ambulance Service Net Income (Loss)	(Line 29, minus Line 32)	

# AMBULANCE REVENUE AND COST REPORT

## FIRE DISTRICT and SMALL RURAL COMPANY

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

### BALANCE SHEET

### *Annual Audit Provided*

#### ASSETS

##### CURRENT ASSETS

1	Cash .....	\$	_____
2	Accounts Receivable .....		_____
3	Less: Allowance for Doubtful Accounts .....		_____
4	Inventory .....		_____
5	Prepaid Expense .....		_____
6	Other Current Assets .....		_____
7	TOTAL CURRENT ASSETS .....	\$	_____

9	PROPERTY & EQUIPMENT .....		_____
10	Less: Accumulated Depreciation .....		_____

11 OTHER NON CURRENT ASSETS .....

12 TOTAL ASSETS .....

#### LIABILITIES & EQUITY

##### CURRENT LIABILITIES

13	Accounts Payable .....	\$	_____
14	Current Portion of Notes Payable .....		_____
15	Current Portion of Long-Term Debt .....		_____
16	Deferred Subscription Income .....		_____
17	Accrued Expenses and Other .....		_____
18	.....		_____
19	.....		_____
20	TOTAL CURRENT LIABILITIES .....	\$	_____

21 NOTES PAYABLE .....

22 LONG-TERM DEBT, OTHER .....

23 TOTAL LONG-TERM DEBT .....

##### EQUITY & OTHER CREDITS

##### Paid-In Capital:

24	Common Stock .....		_____
25	Paid-In Capital in Excess of Par Value .....		_____
26	Contributed Capital .....		_____
27	Retained Earnings .....		_____
28	.....		_____
29	.....		_____
30	Fund Balance .....		_____
31	TOTAL EQUITY .....		_____

32 TOTAL LIABILITIES & EQUITY .....

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

## STATEMENT OF CASH FLOWS

*Annual Audit Provided*

### OPERATING ACTIVITIES:

1 Net (loss) Income ..... \$ \_\_\_\_\_

*Adjustments to Reconcile Net Income to Net Cash*

Provided by Operating Activities: Note: a increase in these accounts improves cash flow

2 Depreciation Expense ..... \_\_\_\_\_

3 Deferred Income Tax ..... \_\_\_\_\_

4 Loss (gain) on Disposal of Property & Equipment ..... \_\_\_\_\_

(Increase) Decrease in:

Note: a decrease in these accounts improves cash flow

5 Accounts Receivable ..... \_\_\_\_\_

6 Inventories ..... \_\_\_\_\_

7 Prepaid Expenses ..... \_\_\_\_\_

Increase (Decrease) in:

Note: a increase in these accounts improves cash flow

8 Accounts Payable ..... \_\_\_\_\_

9 Accrued Expenses ..... \_\_\_\_\_

10 Deferred Subscription Income ..... \_\_\_\_\_

11 NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES ..... \$ \_\_\_\_\_

### INVESTING ACTIVITIES:

12 Purchases of Property & Equipment ..... \_\_\_\_\_

13 Proceeds from Disposal of Property & Equipment ..... \_\_\_\_\_

14 Purchases of Investments ..... \_\_\_\_\_

15 Proceeds from Disposal of Investments ..... \_\_\_\_\_

16 Loans Made ..... \_\_\_\_\_

17 Collections on Loans ..... \_\_\_\_\_

18 Other ..... \_\_\_\_\_

19 NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES ..... \_\_\_\_\_

### FINANCING ACTIVITIES:

New Borrowings:

20 Long-Term ..... \_\_\_\_\_

21 Short-Term ..... \_\_\_\_\_

Debt Reduction:

22 Long-Term ..... \_\_\_\_\_

23 Short-Term ..... \_\_\_\_\_

24 Capital Contributions ..... \_\_\_\_\_

25 Dividends Paid ..... \$ \_\_\_\_\_

26 NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES ..... \_\_\_\_\_

27 NET INCREASE (Decrease) IN CASH ..... \_\_\_\_\_

28 CASH AT BEGINNING OF YEAR ..... \_\_\_\_\_

29 CASH AT END OF YEAR ..... \_\_\_\_\_

### SUPPLEMENTAL DISCLOSURES:

Non-cash Investing and Financing Transactions:

30 ..... \_\_\_\_\_

31 ..... \_\_\_\_\_

32 ..... \_\_\_\_\_

33 Interest Paid (Net of Amounts Capitalized) ..... \_\_\_\_\_

34 Income Taxes Paid ..... \$ \_\_\_\_\_

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